

REPORTS INVENTORY						CONTROL NO.
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
Coding for CONIF						
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL		TRAINING		ADMIN. GENERAL
		LOGISTICS		SECURITY		OTHER (specify)
		MEDICAL		FINANCE		
4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2	Daily			1		
7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Form		YES	IF YES GIVE ADP PROCESSING NO.			
	<input checked="" type="checkbox"/>	NO		OL		
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OSI/PMS						
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>
						TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR					\$ 20.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						